

## **EDUCATIONAL ADVISING CENTER**

## **Membership Form**

Date:

Family Name: First Name: Home Address:

Home/Office Phone: Cell Phone: E-Mail:

School/Institution: H.S.C. or I.B. Results

(Month/Year only):

Purpose of Visit (check as many as applicable):

Undergraduate (Bachelor's Degree)	Short term study	
Graduate (Master's Degree)	Secondary school	
Post-Doctoral Research	Youth Exchange Programs	
Non-Degree	Internship/Work Exchange	
Distance Learning	Accreditation for U.S. universities	
TOEFL	SAT	
GMAT	GRE	
USMLE	OTHER (Specify)	

What would you like to study:

Accounting	Intensive English	
Agriculture	Law	
Business/Management	Math/Computer Science	
Communications	Medicine	
Education	Nursing	
Engineering Technology	Pharmacy	
Environment	Physical/Life Science	
Fashion Design	Social Sciences	
Fine/Applied Arts	Theology	
Health Sciences	Vocational	
Humanities	Other (please specify)	

## NOTE: PLEASE PROVIDE TWO PASSPORT-SIZE PHOTOS WITH YOUR NAME WRITTEN ON THE BACK.

Please call us back 10 days after drop-off to arrange for pick-up of your membership card.

The Educational Advising Center

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Website: http://mauritius.usembassy.gov

Facebook: https://www.facebook.com/groups/EducationUSAmauritius/